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Nestitute for form SA/PTO INFORMATION DISCLOSURE						Complete if Known					
						Application Number			10/536,927		
STA	STATEMENT BY APPLICANT							May 31, 2005			
STATEMENT DE APPLICANT					First Named Inventor			David Frederick HORROBIN (deceased)			
					Group Art Unit			NYA			
(use as many sheets as necessary)						Examiner Name					
Sheet	Sheet 1 of 1				Attorney Docket Number						
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xamine Initials *	Cite No.1	Document Number  Number - Kind Code <sup>2</sup> (if known)		Publicat MM-DC			f Patentee or Applicant of Cited Document		Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
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Examiner Initials*	Cite No.1	Foreign Patent Document  Country Code <sup>3</sup> - Number <sup>4</sup> - Kind Code <sup>5</sup> (if known)			Publication Date MM-DD-YYYY		Name of Patentee or Applicant of Cited Document		Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>	
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## OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.							
		-							
Examiner Signature	Т	/Jeanine Goldberg/	Date Considered	10/21/2008					

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.